

Hello Jeff,

Here is the annual report for our landfill. We are waiting for the financial assurance to be submitted. I have assurance this will be taken care soon. So here is the portion without the assurance. As far as training we do safety training quarterly and include the landfill as a training one of the quarters. This year will be in August, last year was in august also. Thank you for your help.

Sincerely,

Kevin Harmison
Intrepid Potash- Moab

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UTAH DIVISION OF
SOLID & HAZARDOUS WASTE

Mail to:
Dennis R. Downs, Director
Division of Solid and Hazardous Waste
P.O. Box 144880
Salt Lake City, Utah 84114-4880

2006 SOLID WASTE LANDFILL ANNUAL REPORT

For Calendar year 2005 or most recent fiscal year

Administrative Information

Facility Name: Moab Salt LLC / Intrepid Potash - Moab LLC
Facility Mailing Address: P.O. Box 1208

(Number & Street, Box and/or Route)

City: Moab, State: Utah Zip Code: 84532
County: Grand

Contact's Name: Kevin Harmison Phone No.: (435) 259-1213
Title: Technical Services Coordinator
Contact's Mailing Address: P.O. Box 1208, Moab, Utah 84532
Contact's Email Address: Kevin.harmison@intrepidpotash.com

Owner

Name: Intrepid Mining LLC Phone No.: (303) 296-3006
Mailing Address: 700 17th Street Suite 1700
(Number & Street, Box and/or Route)
City: Denver, State: Colorado Zip Code: 80202

Operator (Complete this section, only if the operator is not an employee of the Owner shown above)

Name: Intrepid Potash - Moab Phone No.: (435) 259-7171
Mailing Address: 15 miles South Highway 279
(Number & Street, Box and/or Route)
City: Moab, State: Utah Zip Code: 84532

Facility Type and Status

<input type="checkbox"/> Class I	<input checked="" type="checkbox"/> Class IIIb	<input type="checkbox"/> Class V
<input type="checkbox"/> Class II	<input type="checkbox"/> Class IVa	<input type="checkbox"/> Class VI
<input type="checkbox"/> Class IIIa	<input type="checkbox"/> Class IVb	

Does the facility have a construction and demolition (C/D) cell as part of the permit (not operated under a separate permit number)? Yes _____ No ☒

If facility was permanently closed during the year enter date closed: N/A

Annual Disposal

Total facility tons: _____ or cubic yards: 4553 cy.

If separate tonnages are available

Municipal tons: _____ or cubic yards: _____

C/D tons: _____ or cubic yards: _____

Industrial tons: _____ or cubic yards: 4383 cy

Conversion Factor used

- ☐ No conversion factors used
☐ Conversion factor from rules (R315-302-2(4)(c)) used
☐ Site specific conversion used Please list: N/A

Tons Recycled: N/A
Cubic Yards Recycled: N/A

Financial Assurance

Current Closure Cost Estimate: \$102,674
Current Post-Closure Cost Estimate: \$17,500
Current Financial Assurance Mechanism: _____
(ie. Bond, Trust Fund, Corporate or government Test etc.)
Financial Assurance Mechanism Holder: _____
(ie. Name of Bond Company, Bank etc.. If PTIF Account give account number)
Current Amount or Balance in Mechanism: _____

Other Required Reports

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The recalculation, along with proof that the new cost estimates are fully covered by the assurance mechanism currently be utilized, must be submitted. Facilities that are using a trust account should include a copy of the most recent account statement.

Note Facilities using "Local Government Financial Test" must provide the information required in R315-309-3(7)(d) each year.

Ground Water Monitoring: Each facility that is required to monitor ground water must submit a ground water monitoring report that contains water elevations, sampling results, and statistical analyses. Check box if facility is exempt from ground water monitoring ☐ N/A

Explosive Gas Monitoring: A gas monitoring report must be included unless the facility is a Class II landfill that has receive an exemption, a Class III, IV, or VI landfill, or any other facility that has an exemption. Check box if facility is exempt from gas monitoring ☐ NA

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Signature: Eric K. York Date: 4-20-06
Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: ERIC K. YORK Title: MANAGER - UTAH DIVISION